FUR DEALER LICENSE APPLICATION FOR THE YEAR OF 2016

Application requested: Residen	t (LICENSE FEE \$	52.00) \(\square\) N	Jonresident (LIC)	ENSE FEE \$277.00)
LAST NAME	FIRST NAM	E and Middle Initia	ıl	DATE OF BIRTH
HOME MAILING ADDRESS	CITY	STA	TE ZIP CODE	PHONE NUMBER
SPORTSPERSON I.D. Weig	Height (Ft -	(nches) E	Eye Color Hair	Color Sex
NAME OF BUSINESS	BUSINESS MAILING	ADDRESS	CITY	STATE ZIP CODI
BUSINESS PHONE NUMBER	BUSINESS PHYSICAL	L LOCATION	CITY	STATE ZIP CODI
XXX – XX – SOCIAL SECURITY NUMBER (Last 4 digits Req	uired)			
Resident applicant must complete the following	:			
	PROOF OF	RESIDENCY:		
YRS WY RES. or Days Active Military in WY ONE of following be provided in the	WY Driver's Licens of the must	e Number or WY ID Card Nu	umber OR	Complete the PROOF OF RESIDENCY form ON REVERSE SIDE
Under penalty of prosecution, I swear or affirm that the information giv defined in W.S. 23-1-102(a)(ix)(xv) and 23-1-107 and have been domic preceding the date of application for this license(s).				
I understand that I must keep a record of all furs purchased; the name and address of the consignand abide by other rules and regulations applica	ee or purchaser; the date o			
Resident Fur Dealers shall submit one copy of Dealer is located.	the records maintained t	o the Game Warder	n in the area where the	ne principal office of the Fur
Nonresident Fur Dealers shall submit a copy of Boulevard, Cheyenne, Wyoming, 82006-0001.	of their records to the W	yoming Game and	Fish Department, Wi	ldlife Division, 5400 Bishop
Said copies of records shall be submitted l	y January 15 followin	g the calendar yea	ar for which a licens	se has been issued.
I hereby swear that I am a resident of the S	tate of			
	OR	<u> </u>		
Applicant Signature and Date				rdian's Signature and Date
RESIDENT FURDEALER: Submit your applied Department approval block is located on back		ır local game warde	en for approval.	
NONRESIDENT FURDEALER: Submit your Department approval block is located on bac		to the Game and Fis	sh Headquarters at the	address indicated below.
NOTE: Please mail this approved application	on form and proper fee	to the following:		
WYOMING GAME AND FIS LICENSE ACCOUNTING	H DEPARTMENT			

H:\\FORMS\COMMERCIAL\Fur Dealers\FUR DEALER APP 2016 (08/15)

5400 BISHOP BOULEVARD CHEYENNE, WY 82006-0001

TO BE COMPLETED BY DEPARTMENT

RE	VIEWED AND APPROVED BY:				
	ME WARDEN NATURE & DATE	COMMERCIAL OPERATIONS COORDINATOR SIGNATURE & DATE	- !		
	ne Warden ted Name	Commercial Operations Coordinator Printed Name	_		
CO	MMENTS:				
	PROOF C	F WYOMING RESIDENCY			
If yo	ou do not have a current Wyoming driver's license or a cur	ent Wyoming Identification card, the following information must be pro-	ovided		
(Plea	ase Print). FAILURE TO PROVIDE THIS INFORMATION	ON SHALL RESULT IN THE DENIAL OF A LICENSE BEING ISSU	ED.		
	PLEASE PROVIDE A VERIFIARLE	ANSWER TO ONE OF THE FOLLOWING (Please Print):			
1.		nt under the age of 18), have resided at the following address(es) for the	e past one (1)		
	year immediately preceding the date of this application:		1		
		/			
	Street Address	Mailing Address			
2.	Current or last Wyoming School attended:	Location:			
3.	I was a resident of Wyoming at the time I entered the mili of residency in any other state for any purpose. YES, I meet the above criteria per W.S. § 23-1-10	d have continued serving in active military duty; AND I have no claim			
	If Active Duty Military, I hereby certify under penalty of stationed me at (Station) W Orders upon request.	erjury that the United States (Branch) has permanently oming as of (Date) and I am prepared to produce a copy of the Official			
6.	If a minor dependent, name of parent or legal guardian wh	o is a Wyoming Resident:	_		
		will check the information provided to verify applicant's residency in the state of			
		OR	-		
	Resident Applicant's Signature	Parent/Guardian Signature (Resident Applicant Under age of 18)			